## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

		17 077 01				
	AS	FILED	AFT 1st AME	TER NDMENT	AF 2nd AME	TER NDMEN
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		ļ				
2	<u> </u>		<u> </u>			
3	<del>                                     </del>	2				
4 5	ļ	<del>  M</del> -				
6		<del>(</del> <del>/</del>				
7		<del>(N)</del>				
		8				
8		$ \Psi $				
9						
10		1				
11						
12						
13		<b>-</b>				
14		2				
15		7				
16		(W)				
17		1/2/1				
18		201				
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	- $+$					
45						
		<del></del> -				
47						
48						
49						
50	<del>\</del>					
OTAL ND.		1 L			1	
OTAL EP.	$\tau \overline{\nu}$ $\blacksquare$	<b>-</b>	-	J ┌	—	ا فـ
OTAL	£31					
TO-1360 (						